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To:

Division of Corporations

Fax Number : (850) 205-0383

From;

: SHUMAKER, LOOP & KENDRICK LLP Account Name

Account Number : 075500004387 Phone : (813)229-7600

Fax Number : (813)229-1660

	IDA/FOREIGN LIM FITME FITNESS CON	NECTION, LLC
	Certificate of Status	1
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é	Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FITME FITNESS CONNECTION, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is FitMe Fitness Connection, LLC.

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

2518 W. Douglas St. Tampa, FL 33607

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 6th day of November, 2006.

Signature of an authorized representative of a member.

(In accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Erin Smith Acbel, Esq.

Typed or printed name of signce

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is FITME FITNESS CONNECTION, LLC.
- 2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq. Shumaker, Loop & Kendrick, LLP 101 East Kennedy Blvd. Suite 2800 Tampa, Florida 33602

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

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